

REPORT OF LOBBYING FIRM
(Government Code Section 86114)

FORM 625
1990

REPORT COVERS PERIOD FROM 01/01/2010 THROUGH 03/31/2010

CUMULATIVE PERIOD BEGINNING 01/01/2009

TYPE OR PRINT IN INK

FOR OFFICIAL USE ONLY

A

B

For information required to be provided to you pursuant to the Information Practices Act of 1977, see Information Manual on Lobbying Disclosure Provisions of the Political Reform Act.

NAME OF LOBBYING FIRM:

Rollens Consulting

BUSINESS ADDRESS: (Number and Street)

(City)

(State)

(Zip Code)

TELEPHONE NUMBER:

Granite Bay

Ca

95746

MAILING ADDRESS: (If different than above)

PART I - (Read the instructions on the reverse before completing this section. Then, check one of the boxes below and complete Part I.)

- ☒ PARTNERS, OWNERS, OFFICERS, OR EMPLOYEES WHOSE "LOBBYIST REPORTS" (FORM 615) ARE ATTACHED TO THIS REPORT **OR**
- ☐ PARTNERS, OWNERS, OFFICERS, OR EMPLOYEES WHO ENGAGED IN DIRECT COMMUNICATION ON AT LEAST FIVE SEPARATE OCCASIONS DURING THE PERIOD

Owner

Mr. Rick Rollens

☐ If more space is needed, check box and attach continuation sheets.

SUMMARY OF PAYMENTS THIS PERIOD

A. GRAND TOTAL PAYMENTS RECEIVED: \$ 75235.13
(From Subtotals in Part II)

B. TOTAL ACTIVITY EXPENSES: \$ 0.00
(From Part III, Section A, 3)

C. TOTAL PAYMENTS TO OTHER LOBBYING FIRMS: \$ 0.00
(From Part III, Section B)

D. GRAND TOTAL PAYMENTS MADE: \$ 0.00
(B + C, above)

E. CAMPAIGN CONTRIBUTIONS MADE:

☒ None This Period ☐ Part IV Completed and Attached

F. IS THE FIRM A MEMBER OF A LOBBYING COALITION ?

☒ No ☐ Yes (Complete and attach Form 630)

VERIFICATION

I have used all reasonable diligence in preparing this Report. I have reviewed the Report and to the best of my knowledge the information contained herein and in the attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on (Date)

04/28/2010

At (City and State)

Granite Bay California

By (Signature of Responsible Officer)

Rick Rollens

Name of Responsible Officer (Type or Print)

Rick Rollens

Title

President

PERIOD COVERED: 01/01/2010 03/31/2010

NAME OF LOBBYING FIRM: Rollens Consulting

PART II - PAYMENTS RECEIVED IN CONNECTION WITH LOBBYING ACTIVITY (Amounts may be rounded off to whole dollars. See Instructions on reverse.)				
Employer's Name, Address and Telephone Number Association of Regional Center Agencies Sacramento Ca 95814				
Legislative or State Agency Administrative Actions "Actively" Lobbied During the Period. (See instructions on reverse.) AB 12601864197021602204222026292702AJR31SB1108121129119612561282S - CR91SJ23				
Fees and Retainers	Reimbursements of Expenses	Advances or Other Payments (attach explanation)	Total This Period	Cumulative Total to Date
\$ 37500.00	\$ 235.13	\$ none 0.00	\$ 37735.13	\$ 208924.81
Employer's Name, Address and Telephone Number Autism Speaks ARLINGTON Va 22209				
Legislative or State Agency Administrative Actions "Actively" Lobbied During the Period. (See instructions on reverse.) Legislative efforts to secure introduction of bill to require insurance coverage for persons with autism.				
Fees and Retainers	Reimbursements of Expenses	Advances or Other Payments (attach explanation)	Total This Period	Cumulative Total to Date
\$ 0.00	\$ 0.00	\$ none. 0.00	\$ 0.00	\$ 7500.00
Employer's Name, Address and Telephone Number California Brain Injury Association Bakersfield Ca 93306				
Legislative or State Agency Administrative Actions "Actively" Lobbied During the Period. (See instructions on reverse.) Health and Human Services Agency. Members of the Legislature regarding brain injury issues. AB 398 and AB 533. AB16461652 SB8801296				
Fees and Retainers	Reimbursements of Expenses	Advances or Other Payments (attach explanation)	Total This Period	Cumulative Total to Date
\$ 15000.00	\$ 0.00	\$ nothing 0.00	\$ 15000.00	\$ 75000.00
SUBTOTAL			\$ 75235.13	

☒ If more space is needed, check box and attach continuation sheets

NAME OF LOBBYING FIRM: Rollens Consulting

SECTION A: ACTIVITY EXPENSES (See instructions on reverse.)

1. ACTIVITY EXPENSES ARRANGED, INCURRED, OR PAID BY THE LOBBYING FIRM (OTHER THAN THOSE PAID OR INCURRED BY A LOBBYIST)

Date	Name and Address of Payee	Name and Official Position of Reportable Persons and Amount Benefiting Each	Description of Consideration	Total Amount of Activity
			\$	\$

Reference No:

☐ If more space is needed, check box and attach continuation sheets

TOTAL SECTION A.1.

(Include all subtotals from Continuation Sheets)	\$	0.00
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2. TOTAL ACTIVITY EXPENSES PAID, INCURRED, OR ARRANGED BY ALL LOBBYISTS EMPLOYED BY THE LOBBYING FIRM WHICH HAVE BEEN OR WILL BE REIMBURSED OR PAID BY THE FIRM.

\$	0.00
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3. TOTAL ACTIVITY EXPENSES (Section A, Parts 1 + 2)

\$	0.00
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PERIOD COVERED: 01/01/2010 03/31/2010NAME OF LOBBYING FIRM: Rollens Consulting**PART III - PAYMENTS MADE** (Continued)

SECTION B: PAYMENTS MADE TO OTHER LOBBYING FIRMS

Name, Address and Telephone Number of Firm Contracted With	Name of Employer or Client for Whom Subcontractor was Retained to Lobby	Amount This Period	Cumulative Total to Date
		\$	\$
<input type="checkbox"/> If more space is needed, check box and attach continuation sheets.		TOTAL PAYMENTS (Include all subtotals from continuation sheets)	\$ 0.00

PART IV - CAMPAIGN CONTRIBUTIONS MADE (Monetary and non-monetary campaign contributions of \$100 or more made to or on behalf of state candidates, elected state officers and any of their controlled committees, or committees supporting such candidates or officers must be reported in A or B below.)

- A. If the contributions made by you during the period covered by this report, or by a committee you sponsor, are contained in a campaign disclosure statement which is on file with the Secretary of State, report the name of the committee and its identification number, if any, below.

Name of Major Donor or Recipient Committee Which Has Filed A
Campaign Disclosure Statement: _____

Identification Number if
Recipient Committee: _____

- B. Contributions of \$100 or more which have not been reported on a campaign disclosure statement, including contributions made by an organization's sponsored committee, must be itemized below.

Date	Name of Recipient	I.D. Number if Committee	Amount
			\$

☐ If more space is needed, check box and attach continuation sheets.

NOTE: Disclosure in this report does not relieve a filer of any obligation to file the campaign disclosure statements required by Gov. Code Section 84200, et seq.

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NAME OF LOBBYING FIRM: Rollens Consulting

PART II - PAYMENTS RECEIVED IN CONNECTION WITH LOBBYING ACTIVITY (Amounts may be rounded off to whole dollars. See Instructions on reverse.)				
Employer's Name, Address and Telephone Number Applied Behavior Consultants Sacramento Ca 95826				
Legislative or State Agency Administrative Actions "Actively" Lobbied During the Period. (See instructions on reverse.) Legislature issues of acquiring and retaining teachers who teach children with autism. Legislative support for funding of programs that serve children with autism. Budget related issues. SB12821283				
Fees and Retainers	Reimbursements of Expenses	Advances or Other Payments (attach explanation)	Total This Period	Cumulative Total to Date
\$ 15000.00	\$ 0.00	\$ 0.00 nothing	\$ 15000.00	\$ 75000.00
Employer's Name, Address and Telephone Number President Dr. Doreen Granpeesheh CENTER FOR AUTISM AND RELATED DISORDERS (CARD); THE Tarzana Ca 91356				
Legislative or State Agency Administrative Actions "Actively" Lobbied During the Period. (See instructions on reverse.) Legislature and Governor's Office in support of funding for programs serving children with autism. SB 12821283				
Fees and Retainers	Reimbursements of Expenses	Advances or Other Payments (attach explanation)	Total This Period	Cumulative Total to Date
\$ 7500.00	\$ 0.00	\$ 0.00 nothing	\$ 7500.00	\$ 35000.00
PAGE SUBTOTAL			\$ 22500.00	

TEXT ANNOTATION

PAGE 1

Schedule F625

Reference No: 2849

Lobbied proposed regulations for Title 17 California Code of Regulations: Self Directed Services regs and Supported Living Services regs. Also engaged in activities to change rate setting process for Adoptions Assistance Program administered by Department of Social Service - S.